FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ORIGINAL

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

1107	860
OMB APP	ROVAL
OMB NUMBER:	3235-0076
	April 30, 2008
Estimated avera	
hours per respoi	

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (check if this is an amendment and name The Third Friday Market Neutral Total Return Fund, L.P. – Filing Under (Check box(es) that apply): Rule 504	has changed, and indicate c	hange.) SEC Mail Processing
Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment	Rule 505 🗵 Rule 5	506 Section 4(6) ULOE
	NTIFICATION DATA	APR 13 2000
1. Enter the information requested about the issuer		DC
Name of Issuer (check if this is an amendment and name has	changed, and indicate chan	Washington, DC
The Third Friday Market Neutral Total Return Fund, L.P.		111
Address of Executive Offices (Number and Street, C	City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Third Friday Management, LLC, 832 Eastview Ave., Delra	ay Beach, FL 33483	(561) 719-4387
Address of Principal Business Operations (Number and Street, C	City, State, Zip Code)	Telephone Number (Including Area
(if different from Executive Offices) same as above		same as above
Brief Description of Business: Investments in Securities		
Type of Business Organization		
☐ corporation ☐ limited partnership, alrea	dy formed 🗆 ot	her (please specify):
☐ business trust ☐ limited partnership, to be	formed	
<u>Mo</u>	nth Year	
Actual or Estimated Date of Incorporation or Organization:	<u>1</u> 0 7 6	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S.	• • • • • • • • • • • • • • • • • • • •	
CN for Canada; FN for other foreig		
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance seq. Or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the file Securities and Exchange Commission (SEC) on the earlier of the date	rst sale of securities in the o	offering. A notice is deemed filed with the U.S. the address given below or, if received at that
address after the date on which it is due on the date it was mailed by Ui	nited States registered or cert	ified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 100 F Stree	t, N.E., Washington, D.C. 2	0549.
Copies Required: Five (5) copies of this notice must be filed with the signed must be photocopies of the manually signed copy or bear typed		be manually signed. Any copies not manually
Information Required: A new filing must contain all information requany changes thereto, the information requested in Part C, and any maper E need not be filed with the SEC.	atem ProCESSED	
Filing Fee: There is no federal filing fee.	APR 2 1 2008	
State:	THOMSON	
This notice shall be used to indicate reliance on the Uniform Limited adopted ULOE and that have adopted this form. Issuers relying on ULO where sales are to be, or have been made. If a state requires the payr proper amount shall accompany this form. This notice shall be filed in	nent of a fee as a preconditi	on to the claim for the exemption, a fee in the
notice constitutes a part of this notice and must be completed.	4 TENTION	

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is

predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partners					
Full Name (Last name first, Third Friday GP, LLC	if individual)			=						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Third Friday Management, LLC, 832 Eastview Ave., Delray Beach, FL 33483										
Check Box(es)that Apply:	⊠ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partners					
Full Name (Last name first, Goldburg, Ron	if individual)									
Business or Residence Add c/o Third Friday Manager	•	Street, City, State, Zip C stview Ave., Delray Be	•							
Check Box(es)that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partners					
Full Name (Last name first, Goldburg, Daniel	if individual)									
Business or Residence Addr c/o Third Friday Manager										
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners					
Full Name (Last name first,	if individual)									
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Code)							
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners					
Full Name (Last name first,	if individual)									
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Code)	<u> </u>						
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners					
Full Name (Last name first,	if individual)									
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Code)							
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners					
Full Name (Last name first,	if individual)									
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Code)							
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)										

B. INFORMATION ABOUT OFFERING												
1 Has the	e issuer col	d or does t	he issuer in	itend to sel	l, to non-ac	credited in	vectors in t	his offering	,?		Yes	
i. iids tii	c 133uci 301	u, or does t			Appendix,							
2. What	is the mini	mum inves			• •		•		-			
2. What is the minimum investment that will be accepted from any individual? *May be waived at the sole discretion of the General Partner									\$ <u>500</u>	<u>*000,</u>		
	Yes No											No
3. Does to	3. Does the offering permit joint ownership of a single unit?											
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated person of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A												
Full Nam	e (Last nam	e first, if i	ndividual)		-						•	
Business	or Residen	ce Address	(Number	and Street	t, City, State	e, Zip Code	e)		· · ·			
Name of	Associated	Broker or	Dealer					•		. ,		
					s to Solicit			•••••			🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	e first, if i	ndividual)									
Business	or Residen	ce Address	(Number	and Stree	t, City, State	e, Zip Code	e)				•	
Name of	Associated	Broker or	Dealer					,				
					s to Solicit						O <i>t</i>	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	{OK}	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	ne first, if it	ndividual)				-	·				
Business	or Residen	ce Address	(Number	and Street	t, City, State	e, Zip Code	e)					
Name of	Associated	Broker or	Dealer						- · 			
					s to Solicit						🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security Debt	Aggregate Offering Amour	nt	A S	Amount iready Sold
	Equity	\$		\$	
	□ Common □ Preferred	.		Ψ	
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$ 500,000,000		\$ 2	,500,000
	Other -	\$		\$,,
	Total	\$ 500,000,000		•	,500,000
	Answer also in Appendix, Column 3, if filing under ULOE	<u> </u>		Ψ-	,500,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".				
	Accredited Investors	Number Investors		Do	Aggregate ollar Amount f Purchases ,500,000
	Non-accredited Investors.	0		\$ - \$	0
	Total (for filings under Rule 504 only)	N/A		\$	0
	Answer also in Appendix, Column 4, if filing under ULOE	NA		Ψ	U
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
		Type of		Do	llar Amount
	Type of offering	Security		_	Sold
	Rule 505	N/A			0
	Regulation A	N/A		\$	0
	Rule 504	N/A		\$	0
	Total	N/A		\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			S	
	Legal Fees		X	•	0,000
	Accounting Fees.		X)		0,000
	Engineering Fees			\$ 1	0,000
	Sales Commissions (specify finder's fees separately)			\$	
	Other Expenses (identify), Marketing Expenses		<u>(X)</u>	•	0,000
	Total				
	· ·	l	X	3 3	0,000

	b. Enter the difference between the aggregate off Question 1 and the total expenses furnished in difference is the "adjusted gross proceeds to the issue."	response to Part C - Question 4.a. th	nis		\$	4	99,950,000
5.	Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set above.	t for any purpose is not known, furnish ate. The total of the payments listed mu	an Ist				
				Payments To Officers, Directors, & Affiliates		1	Payments To Others
	Salaries and fees			\$		\$_	<u>.</u>
	Purchase of real estate			\$		\$_	
	Purchase, rental or leasing and installation of ma	achinery and equipment		\$. 🗆	\$_	<u> </u>
	Construction or leasing of plant buildings and fa	cilities		\$		\$_	
	Acquisition of other businesses (including the vooffering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another	00	\$		\$_ \$	
	Working capital			\$		\$	<u></u>
	Other (specify): Investments in Securities		_	\$S		\$	499,950,000
	Column Totals Total Payments Listed (column totals added)			\$ X \$4	. ⊠ 99,950,		<u>499,950,000</u>
		D. FEDERAL SIGNATURE					
fo] sta	e issuer has duly caused this notice to be signed by flowing signature constitutes an undertaking by the aff, the information furnished by the issuer to any non-scale (Print or Type)	issuer to furnish to the U.S. Securities	Cor	nmission, upon)(2) of Rule 502	writter		
1 F	The Third Friday Market Neutral Total Return Fund, L.P. By: Third Friday GP, LLC, General Partner	Down account	_		4/10/	08	
N	lame of Signer (Print or Type)	Title of Signer (Print or Type)					
Ι	Daniel Goldburg	Managing Member					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END